RECEIVED CENTRAL FAX CENTER

MAR 0, 8 2005

P110/SB/22 (06.03) Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Tradomark Office; U.S. DetrARMENT OF COMMERCE Under the paperwork Reduction Act of 1995, no poisons are required to respond to a collection of information unless if displays a valid OMD control number.		
PETITION FOR EXTENSION OF TIME UND	DER 37 CFR 1.136(a)	Docket Number (Optional) 31.358 · 211US
	I III IE ADDIKARDII OL	ree, James W. et. al.
	Application Number 09/461, 721 Filed 1/27/2000	
	For Tear Resista	nt Plastic Laminate
	Art Unit 1771	Examiner Jeremy R. Pierce
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
Qne month (37 CFR 1.17(a)(1))		\$ <u>120</u>
		\$
Three months (37 CFR 1.17(a)(3)) \$		
Four months (37 CFR 1.17(a)(4))		\$
Five months (37 CFR 1.17(a)(5))		s
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$		
A check in the amount of the fee is enclosed.		
x Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number		
I have enclosed a duplicate copy of this sheet.		
I am the applicant/inventor.	· 4	
assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number		
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 33.481		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
03 - 08 - 05 Date	<i>i</i>	Signature
610 648 3994	J	oseph E. Chovanes
Telephone Number	•	Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
X Total of 1 forms are submitted.		

If you need assistance in completing the form, call 1-800-PTO-9199 and relect option 2.